U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official. (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION					FOR INSURANCE COMPANY US		
A1. Building Owner's Name Benigno 2018-435					Policy Nur	nber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 137 Lakewood St						Company	NAIC Number:
City Waveland		State Mississippi				ZIP Code 39576	
A3. Property Des Lot 60 Lakewood		and Block Numbers, Ta	x Parc	el Number, Legal D	escription, etc.)		
A4. Building Use	(e.g., Resider	ntial, Non-Residential,	Additio.	n, Accessory, etc.)	Residential		
A5. Latitude/Long	itude: Lat. <u>3</u>	0-17-40	Long.	39-21-20	Horizontal Datum	: NAD	1927 X NAD 1983
A6. Attach at leas	t 2 photograp	hs of the building if the	e Certifi	cate is being used t	- to obtain flood insura	ince.	
A7. Building Diagr	am Number	5					
A8. For a building	with a crawls	space or enclosure(s):					
a) Square foo	tage of craw	space or enclosure(s)		0 sq ft			
b) Number of	permanent f	ood openings in the cr	awispad	ce or enclosure(s) v	vithin 1.0 foot above	adjacent g	rade 0
				sq in			
d) Engineered	d flood openir	ngs? 🗌 Yes 🗵 N	0				
A9. For a building	with an attacl	ned garage:					
a) Square foo	tage of attach	ned garage 0		sq ft			
b) Number of	permanent flo	ood openings in the att	ached	garage within 1.0 fo	ot above adjacent g	rade	0
c) Total net ar	ea of flood or	penings in A9.b	0	sq in			-
d) Engineered	flood openin	gs? Yes 🗵 N	o	_			
·	SE	CTION B - FLOOD IN	NSURA	NCE RATE MAP	(FIRM) INFORMAT	TION	
B1. NFIP Commun				B2. County Name			B3. State
City of Waveland 2	85262			Hancock			Mississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E	IRM Panel ffective/ evised Date	B8. Flood Zone(s)	(Zo	se Flood Elevation(s) ne AO, use Base
28045C0361	D	10/16/2009		/2009	AE	19	od Depth)
		Base Flood Elevation (epth entered in Item	B9:	
FIS Profile	X FIRM	Community Determ	ined	Other/Source:			
B11. Indicate eleva	tion datum u	sed for BFE in Item B9	: 🔲 N	GVD 1929 🔀 NA	√D 1988	er/Source:	
B12. Is the building	located in a	Coastal Barrier Resou	rces Sy	rstem (CBRS) area	or Otherwise Protec	ted Area (C	PA)? ☐ Yes ⊠ No
Designation D	Pate:		BRS	☐ OPA			
· · · · · · · · · · · · · · · · · · ·							

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Sect	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Rout 137 Lakewood St	Policy Number:						
CityStateZIP CWavelandMississippi3957		Company NAIC Number					
SECTION C - BUILDING ELEVATION INFORMATI	ION (SURVEY RE	EQUIRED)					
C1. Building elevations are based on: Construction Drawings* Build	ling Under Constru	ction* Finished Construction					
*A new Elevation Certificate will be required when construction of the buildin							
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: GPS Derived Vertical Datum: NAVD88							
Indicate elevation datum used for the elevations in items a) through h) below							
☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source:	<i>.</i>						
Datum used for building elevations must be the same as that used for the BF	FE.						
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	20.0	Check the measurement used. X feet meters					
b) Top of the next higher floor	N/A	X feet meters					
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	X feet meters					
d) Attached garage (top of slab)	N/A	X feet meters					
e) Lowest elevation of machinery or equipment servicing the building	20 0	X feet meters					
(Describe type of equipment and location in Comments)							
f) Lowest adjacent (finished) grade next to building (LAG)	15. 3	X feet meters					
g) Highest adjacent (finished) grade next to building (HAG)	<u>17</u> . <u>1</u>						
 h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 	N/A	X feet meters					
SECTION D – SURVEYOR, ENGINEER, OR ARCI	HITECT CERTIFI	CATION					
This certification is to be signed and sealed by a land surveyor, engineer, or archilicertify that the information on this Certificate represents my best efforts to interpretatement may be punishable by fine or imprisonment under 18 U.S. Code, Section	ret the data availa	law to certify elevation information. ble. I understand that any false					
Were latitude and longitude in Section A provided by a licensed land surveyor?	⊠Yes □ No	Check here if attachments.					
Certifier's Name License Number Jason P Chiniche P.E. 19732							
Title Project Manager		MINIMATER CALL					
Company Name		- LINSEDIAGE CONTRACTOR					
James J Chiniche PA INC		Here A					
Address 412 HWY 90 Suite 4		STP. 19732					
	ZIP Code 39520	MISSISSIR PRINT					
	Telephone (228) 467-6755	- Herennikh					
Copy all pages of this Elevation Certificate and all attachments for (1) community office	cial, (2) insurance a	agent/company, and (3) building owner.					
Comments (including type of equipment and location, per C2(e), if applicable) NOTE: The description in A3 above is for information only & not to certify the build Map Section B4. Recommend verification of (BFE) by local building official. The responsible for coordinating this certificate with contractor and/or building official a construction drawings were not provided. TBM Is a mag nail set in edge of aspha Freeboard = 1'	flood zone is deter as needed. At time	mined by graphic plotting, owner is e of this certificate 10/15/2018					

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATEImportant: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

- COMMON	SECTI	ON A – PROPERTY	INFOR	MATION		FOR INSU	RANCE COMPANY USE
A1. Building Owner's Name					Policy Num	ber:	
Benigno		2019-					
A2. Building Street Addr Box No. 137 Lakewood St	Box No.						IAIC Number:
City				State		ZIP Code	MANAGEMENT AND ASSESSMENT ASSESSMENT AND ASSESSMENT A
Waveland				Mississippi		39576	
A3. Property Description Lot 60 Lakewood Subd S	•	l Block Numbers, Tax	Parce	l Number, Legal De	scription, etc.)		
A4. Building Use (e.g., F	Residenti	al, Non-Residential, A	ddition	, Accessory, etc.)	Residential		
A5. Latitude/Longitude:	Lat. 30-	17-40 L	ong. 8	9-21-20	Horizontal Datum	ı: ☐ NAD ′	1927 🗵 NAD 1983
A6. Attach at least 2 pho	otographs	s of the building if the	Certific	ate is being used to	o obtain flood insura	ince.	
A7. Building Diagram Nu	umber	18					
A8. For a building with a	a crawlspa	ace or enclosure(s):					
a) Square footage o	of crawlsp	pace or enclosure(s)		0 sq.ft			
b) Number of perma	anent floc	od openings in the cra	wispac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade 0
c) Total net area of	flood ope	enings in A8.b 0	s	ıq in			
d) Engineered flood	lopening	s? Yes 🗵 No	•				
A9. For a building with a	n attache	d garage:					
a) Square footage o	of attache	d garage 0		sq ft			
		od openings in the atta		iarage within 1.0 foo	ot above adiacent c	rade	0
c) Total net area of)	sq in			
		s? ☐ Yes ⊠ No		. • • • • • • • • • • • • • • • • • • •			
a) Engineered flood	opening.	a: [] [65 [X] [10	,				
	SEC	TION B - FLOOD IN	SURA	NCE RATE MAP	(FIRM) INFORMA	TION	
B1. NFIP Community Na		mmunity Number		B2. County Name			B3. State
City of Waveland 285262	2			Hancock			Mississippi
B4. Map/Panel B5. Number	Suffix	B6. FIRM Index Date		IRM Panel fective/	B8. Flood Zone(s)	(Zoi	e Flood Elevation(s) ne AO, use Base
28045C0361 D		10/16/2009		evised Date /2009	AE	19	od Depth)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:							
☐ FIS Profile 区 FIRM ☐ Community Determined ☐ Other/Source:							
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Tyes 🔀 No							
Designation Date: CBRS CPA							
- .		——————————————————————————————————————		N			

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the correspondir	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/	The same of the sa		Policy Number:			
137 Lakewood St						
City	Company NAIC Number					
Waveland M	ississippi 3	39576				
SECTION C - BUILDING E	LEVATION INFORM	MATION (SURVEY R	EQUIRED)			
C1. Building elevations are based on: Construct *A new Elevation Certificate will be required when	- banas	Building Under Construilding is complete.	action*			
 C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. 						
Benchmark Utilized: GPS Derived		um: NAVD88				
Indicate elevation datum used for the elevations in	items a) through h) b	elow.				
□ NGVD 1929	/Source:					
Datum used for building elevations must be the sa	me as that used for th	ne BFE.	Check the measurement used.			
a) Top of bottom floor (including basement, crawls	enace or enclosure fle	por) 20 _. 6	X feet meters			
b) Top of the next higher floor	space, or enclosure in	N/A	X feet meters			
, ,	0.77	N/A	Land Land			
c) Bottom of the lowest horizontal structural memb	per (V Zones only)	17. 9	X feet meters			
d) Attached garage (top of slab)		N/A	x feet meters			
 e) Lowest elevation of machinery or equipment se (Describe type of equipment and location in Co 	ervicing the building mments)		X feet meters			
f) Lowest adjacent (finished) grade next to building	ig (LAG)	<u> </u>	x feet meters			
g) Highest adjacent (finished) grade next to building	ng (HAG)	<u> </u>	x feet meters			
 h) Lowest adjacent grade at lowest elevation of de structural support 	eck or stairs, including	N/A _.	x feet meters			
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION						
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.						
Were latitude and longitude in Section A provided by a			⊠ Check here if attachments.			
Certifier's Name	License Number		48888888			
Jason P Chiniche	P.E. 19732		SON P. C. SON SED PROS			
Title Project Manager			ENSED PROP			
Company Name			PlaceWEER			
James J Chiniche PA INC			Seal Sam			
Address 412 HWY 90 Suite 4			Here 19732			
City	State	ZIP Code	- Proposition R			
Bay St. Louis	Mississippi	39520	200000000000000000000000000000000000000			
Signature Chihe	Date 02/18/2019	Telephone (228) 467-6755				
Copy all pages of this Elevation Certificate and all attachm	nents for (1) communit	y official, (2) insurance	agent/company, and (3) building owner.			
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner. Comments (including type of equipment and location, per C2(e), if applicable) NOTE: The description in A3 above is for information only & not to certify the building location. The base flood elevation (BFE) is per Map Section B4. Recommend verification of (BFE) by local building official. The flood zone is determined by graphic plotting, owner is responsible for coordinating this certificate with contractor and/or building official as needed. TBM Is a mag nail set in edge of asphalt on Lakewood Dr and Center Lot EL: 16.0 Waveland Freeboard = 1'						

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including	Policy Number:		
137 Lakewood St			
City	State	ZIP Code	Company NAIC Number
Waveland	Mississippi	39576	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption FRONT



Photo Two

Photo Two Caption TBM: EL:16.0

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION					FOR INSU	RANCE COMPANY USE		
A1. Building Owner's Name						Policy Num	ber:	
Benigno		2019						
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.137 Lakewood St						Route and	Company N	AAIC Number:
City Waveland				State Missis	ssippi		ZIP Code 39576	
A3. Property Desc Lot 60 Lakewood S		d Block Numbers, Tax	(Parce	l Number, l	Legal De	scription, etc.)		
A4. Building Use (e.g., Resident	ial, Non-Residential, A	Addition	, Accessor	y, etc.)	Residential		
A5. Latitude/Longit	tude: Lat. <u>30</u>	-17-40	Long. 8	9-21-20		Horizontal Datum	: NAD	1927 🗵 NAD 1983
A6. Attach at least	2 photograph	ns of the building if the	Certific	ate is bein	g used to	o obtain flood insura	nce.	
A7. Building Diagra	am Number	1B						
A8. For a building	- with a crawlsp	pace or enclosure(s):						
a) Square foo	tage of crawls	pace or enclosure(s)		0	sq ft			
b) Number of	permanent flo	od openings in the cra	wlspac	e or enclos	 sure(s) w	ithin 1.0 foot above	adjacent gr	rade0
c) Total net ar	ea of flood op	enings in A8.b 0) s	ıq in				
d) Engineered	flood opening	gs? ☐ Yes ☒ No	0					
A9. For a building v	with an attach	ed garage:						
_		ed garage0		sa ft				
		od openings in the att			in 1.0 fo	ot above adiacent q	rade	0
		enings in A9.b				, J	-	, , , , , , , , , , , , , , , , , , ,
		gs? ☐ Yes ☒ N						
d) Engineered	nood operan		J					
	SE	CTION B - FLOOD II	NSURA	NCE RAT	E MAP	(FIRM) INFORMA	TION	
B1. NFIP Commun	•	ommunity Number		B2. Coun	-	•		B3. State
City of Waveland 2	85262			Hancock				Mississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date		IRM Panel		B8. Flood Zone(s)	B9. Ba	se Flood Elevation(s) ne AO, use Base
28045C0361	_	10/16/2009	R	evised Dat /2009	e	AE		od Depth)
28045C0361	D	10/16/2009	10/10			AC	19	
B10. Indicate the s	ource of the E	Base Flood Elevation (BFE) d	ata or base	e flood de	epth entered in Item	B9:	
		Community Determ				,		
B11. Indicate eleva	ation datum u	sed for BFE in Item B9):	GVD 1929	× NA	\VD 1988 ☐ Oth	ner/Source:	
D42 lothe huitdin	n loogtod in n	Coastal Parriar Boson	irooo Si	untom (CDI	BS) araa	or Othonyjaa Brota	otad Araa /	OPA)? TYes X No
				· ·	no) area	or Otherwise Prote	cieu Alea (OFA): Tres X NO
Designation (Ja(8): 		CBRS	☐ OPA				
		•						

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/or 137 Lakewood St	Policy Number:					
City Stat Waveland Miss	e ZIP (sissippi 3957		Company NAIC Number			
SECTION C – BUILDING ELI	EVATION INFORMAT	ION (SURVEY RE	QUIRED)			
 C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: GPS Derived Vertical Datum: NAVD88 Indicate elevation datum used for the elevations in items a) through h) below. 						
☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/S Datum used for building elevations must be the same	Source:					
		20.4	Check the measurement used.			
a) Top of bottom floor (including basement, crawlsp	ace, or enclosure floor)	20. <u>6</u> 30. 5	X feet meters			
b) Top of the next higher floor		N/A	X feet meters			
c) Bottom of the lowest horizontal structural membe	r (V Zones only)	17. 9	X feet meters			
 d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment serv (Describe type of equipment and location in Com 	ricing the building	20. 5	🔀 feet 🗌 meters 🔀 feet 🔲 meters			
f) Lowest adjacent (finished) grade next to building	,	15.3	x feet meters			
g) Highest adjacent (finished) grade next to building		17, 1				
h) Lowest adjacent grade at lowest elevation of dec structural support		<u>N/A</u>	X feet meters			
SECTION D - SURVEYOR,	ENGINEER, OR ARC	HITECT CERTIFI	CATION			
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.						
Were latitude and longitude in Section A provided by a lice	ensed land surveyor?	⊠Yes □No	☒ Check here if attachments.			
Certifier's Name Jason P Chiniche	License Number P.E. 19732		MASON A			
Title Project Manager			CENSED AR CHIZ			
Company Name James J Chiniche PA INC			Place Y ONAL Seal			
Address 412 HWY 90 Suite 4		9	MISOLOGIPP MARKET			
City Bay St. Louis	State Mississippi	ZIP Code 39520	2000 100 100 100 100 100 100 100 100 100			
Signature 6/	Date 2 7/19	Telephone (228) 467-6755				
Copy all pages of this Elevation Certificate and all attachme	nts for (1) community off	icial, (2) insurance a	agent/company, and (3) building owner.			
Comments (including type of equipment and location, per NOTE: The description in A3 above is for information only Map Section B4. Recommend verification of (BFE) by loc responsible for coordinating this certificate with contracto Lakewood Dr and Center Lot EL: 16.0 Waveland Freeboard	/ & not to certify the build cal building official. The r and/or building official	flood zone is deter as needed. TBM I	rmined by graphic plotting, owner is			

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including	Policy Number:		
137 Lakewood St			
City	State	ZIP Code	Company NAIC Number
Waveland	Mississippi	39576	*

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption FRONT



Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including 137 Lakewood St	Policy Number:		
City Waveland	State Mississippi	ZIP Code 39576	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo One

Photo One Caption TBM EL: 16.0

Photo Two

Photo Two